

2017 Medicare Advantage Plans Contract ID/Plan ID	Summary of Benefits Table ( Assumption Parish)				
	Humana Gold Plus	HumanaChoice	HumanaChoice	HumanaChoice	Peoples Health Choices 65 #14
	H1951-047	R5826-011	R5826-068	R5826-078	H1961-014
Organization Name	Humana Health Benefit Plan of LA	Humana Insurance Company	Humana Insurance Company	Humana Insurance Company	Peoples Health
Type of Medicare Plan	Local HMO	Regional PPO	Regional PPO	Regional PPO	Local HMO
Monthly Consolidated Premium (includes part C & D)	\$33	\$77	\$0	\$47	\$0
Health Plan Deductible	\$0	\$1,000 annual deductible	\$1,000 annual deductible	\$1,000 annual deductible	\$0
PCP Co-pay	\$5	\$15	\$10/ \$35	\$15/ 30%	\$5
Specialist Co-pay	\$5- \$50	\$15- \$50	\$10- \$35/ \$50	\$25- \$50/ 30%	\$45
ER	\$75 per visit (always covered)	\$75 per visit	\$75 per visit (always covered)	\$75 per visit (always covered)	\$75 per visit (always covered)
Ambulance	\$265 or 20%	\$265 or 20%	\$265 or 20%	\$265 or 20%	\$220
Skilled nursing	\$0 for days 1 through 20 \$164.50 for days 21 through 100	\$0 for days 1 through 20 \$164.50 for days 21 through 100	\$0 for days 1 through 20 \$164.50 for days 21 through 100	\$0 for days 1 through 20 \$164.50 for days 21 through 100	\$0 for days 1 through 20 \$155 for days 21 through 100
Inpatient Hospital	\$150 for days 1 through 10 \$0 for days 11 through 90 \$0 for days 91 and beyond	\$275 for days 1 through 7 \$0 for days 8 through 90 \$0 for days 91 and beyond	\$195 for days 1 through 6 \$0 for days 7 through 90 \$0 for days 91 and beyond	\$275 for days 1 through 7 \$0 for days 8 through 90 \$0 for days 91 and beyond	\$85 for days 1 through 10 \$0 for days 11 through 90
Annual Drug Deductible	\$400	\$400	Drugs not covered	\$400	\$0
Additional Coverage Offered in the Gap	\$5- \$100 and/ or 25%- 51%	\$6- \$100 and/ or 25%- 51%	Drugs not covered	40%- 51%	\$0- \$15 and/ or 40%- 51%
Chemo Drugs	15%- 20%	20%/ 19%- 25%	20%/ 30%	20%/ 30%	15%
Out-of-Pocket Maximum	\$6,700	\$6,700/ \$10,000	\$6,700/ \$10,000	\$6,700/ \$10,000	\$6,700

Summary of Benefits Table ( Assumption Parish)		
Medicare Advantage Plans	AAA4 Vantage Traditional Plus	AAA9 Vantage Capitol
Contract ID/Plan ID	H5576-008	H5576-021
Organization Name	Vantage Health Plan	Vantage Health Plan
Type of Medicare Plan	Local HMO	Local HMO
Monthly Consolidated Premium (includes part C & D)	\$32.80	\$0
Health Plan Deductible		\$350 out-of-network
PCP Co-pay	\$10 0%- 20%	\$25 0%- 20%
Specialist Co-pay	20%	\$50 0%- 20%
ER	20% per visit (always covered)	\$75 per visit (always covered)
Ambulance	20%	\$250
Skilled nursing		In-network: \$0 for days 1 through 20 \$164 for days 21 through 100
Inpatient Hospital		\$335 for days 1 through 5 \$0 for days 6 through 90
Annual Drug Deductible	\$400	\$350
Additional Coverage Offered in the Gap	40%- 51%	40%- 51%
Chemo Drugs	20%	20%
Out-of-Pocket Maximum	\$6,700	\$6,700